

Maine Department of Transportation Safety Supplemental

CONTRACTOR SAFETY QUESTIONNAIRE

Company Name _____

- A. Our contracts require that your company meet certain requirements related to safety achievements. Using your OSHA 200 & 300 Log and statements provided by your insurance, please provide the following for the immediate past (3) three years:

20 20 20

A. Workers' compensation EMR (interstate)

B. Total employee hours worked

C. Total case incidents (cols. 1, 2, 6, 8, 9, 13 taken off the OSHA log)

D. Total lost work day incidents (cols. 3, 10 taken off the OSHA log)

E. TCIR (C above x 200,000 / B above)

F. TLWDI (D above x 200,000 / B above)

G. Total fatalities (cols. 1, 8 taken off the OSHA log)

EMR= Experience Modification Rate

TCIR= Total Case Incidents

TWDI= Total Lost Work Day Incidents

- B. Has your company sustained any work related fatal accidents during the past (3) three years?

Yes ☐ No ☐

If yes, please provide full details of each fatal accident on attached sheets, and include what you have done to prevent these fatal accidents from recurring.

- C. State to whom and how often accident report summaries are distributed.

	Monthly	Quarterly	Annually	No
CEO	_____	_____	_____	_____
President	_____	_____	_____	_____
Manager of Construction	_____	_____	_____	_____
Site Managers	_____	_____	_____	_____

Maine Department of Transportation
Safety Supplemental

- D. Has your company received an OSHA (or state OSHA) citation within the last 5 years?

Yes ☐ No ☐

If yes, the number and type of violation?

- E. Are on site safety meetings conducted for field supervisors?

Yes ☐ No ☐

If yes, how often

- F. Does your company have a safety officer/department?

Yes ☐ No ☐

If yes,

Name

Title

Tel #

- G. Does your company conduct field safety inspections to determine compliance with applicable regulations and procedures?

Yes ☐ No ☐

If yes, who conducts these inspections?

Name

Title

How Often?

- H. Does your company have a written safety policies and procedure manual?

Yes ☐ No ☐

If yes, please provide electronic copy (CD, USB Flash Drive or e-mail attachment) for review.

- I. Has your company developed any site-specific policies and procedures manuals?

Yes ☐ No ☐

If yes, please provide electronic copy (CD, USB Flash Drive or e-mail attachment) for review.

Maine Department of Transportation Safety Supplemental

- J.. Has your company developed and utilized an orientation program for new employees? New employees would include those persons who are new to each specific location.

Yes ☐ No ☐

If yes, does it include instruction and/or training in the following areas?

	Yes	No
1. Personnel Protection Equipment		
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection/Prevention	<input type="checkbox"/>	<input type="checkbox"/>
2. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>
3. Perimeter Guarding	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
6. First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>
7. Hazard Communications as per OSHA 1926.59	<input type="checkbox"/>	<input type="checkbox"/>
8. Process Safety Management as per OSHA 1910.119	<input type="checkbox"/>	<input type="checkbox"/>
9. Material Safety Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>
10. Trenching and Excavation	<input type="checkbox"/>	<input type="checkbox"/>
11. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
12. Lock-Out/Tag-Out Procedures	<input type="checkbox"/>	<input type="checkbox"/>
13. Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>
14. Rigging and Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>
15. Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>
16. Disciplinary Action	<input type="checkbox"/>	<input type="checkbox"/>

- K. Does your company have a formal Hazardous Communication program as per OSHA 1926.59 and/or OSHA 1910.1200? If yes, please provide in its entirety or table of contents.

Yes ☐ No ☐

- L.. Does your company have a foreman-supervisor's training program?

Yes ☐ No ☐

Maine Department of Transportation Safety Supplemental

If yes, does it include instruction and/or training in the following areas?

	Yes	No
1. New Work Orientation	<input type="checkbox"/>	<input type="checkbox"/>
2. First Aid	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency Response Procedures	<input type="checkbox"/>	<input type="checkbox"/>
4. Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>
6. Fire Protection and Prevention	<input type="checkbox"/>	<input type="checkbox"/>
7. Conducting Craft Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>
8. Safety Work Practices	<input type="checkbox"/>	<input type="checkbox"/>
9. Where applicable, are foremen trained in Process Safety Management requirements as stated in OSHA 1910.119?	<input type="checkbox"/>	<input type="checkbox"/>

M. Are weekly craft safety meetings held? If yes, submit a sample of meeting minutes

Yes ☐ No ☐

N. Do you hire subcontractors?

Yes ☐ No ☐

Do you have them fill out a prequalification application?

If yes, please attach method used to qualify lower-tier subcontractors.

Yes ☐ No ☐

O. Have you had an accident in the past three years that caused over \$50,000 in property damage?

Yes ☐ No ☐

If YES, please provide full details of each such accident on attached sheets.

It is imperative that all contractors, subcontractors, and lower-tier contractors adhere to all applicable Federal, State, Local, and client safety rules and regulations.

Please print and sign below. Either mail to Contracts Section, Maine Department of Transportation, 16 SHS, Child St., Augusta, ME 04333-0016 or Fax to Norma Gilman at 207-624-3431, or send by email to norma.gilman@maine.gov.

Title:

Date:

Sign: